

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (if known)

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Anthony**

First name

Middle name

Bring your picture identification to your meeting with the trustee.

**Theis**

Last name and Suffix (Sr., Jr., II, III)

**Carol**

First name

Middle name

**Theis**

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-0019

xxx-xx-4764

Debtor 1  
Debtor 2 Theis, Anthony & Theis, Carol

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and  
doing business as names

Business name(s)

Business name(s)

EINs

EINs

**5. Where you live**

**If Debtor 2 lives at a different address:**

**14 Beacon Ave  
Romeoville, IL 60446-1117**

Number, Street, City, State & ZIP Code

Number, Street, City, State & ZIP Code

**Will**

County

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.  
☐ Yes.

|                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.  
☐ Yes.

|                             |                           |
|-----------------------------|---------------------------|
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |

11. **Do you rent your residence?** ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No.

Go to Part 4.

☐ Yes.

Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

☒ No.

I am not filing under Chapter 11.

☐ No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
  - ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
  - ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
  - ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
  - ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☐ No. Go to line 16b.

☒ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☐ No. Go to line 16c.

☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts

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17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

☐ No

☐ Yes

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18. How many Creditors do you estimate that you owe?

☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000

☐ 50-99 ☐ 5,001-10,000 ☐ 50,001-100,000

☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000

☐ 200-999

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19. How much do you estimate your assets to be worth?

☐ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion

☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion

☒ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion

☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

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20. How much do you estimate your liabilities to be?

☐ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion

☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion

☒ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion

☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

**Part 7: Sign Below**

**For you** I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Anthony Theis  
**Anthony Theis**  
Signature of Debtor 1

Carol Theis  
**Carol Theis**  
Signature of Debtor 2

Executed on September 8, 2016  
MM / DD / YYYY

Executed on September 8, 2016  
MM / DD / YYYY

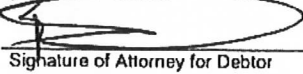
Debtor 1  
Debtor 2 Theis, Anthony & Theis, Carol

Case number (if known) \_\_\_\_\_

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

  
Signature of Attorney for Debtor

Date September 8, 2016  
MM / DD / YYYY

Brian Wright  
Printed name

Brian Wright & Associates, P.C.  
Firm name

437 West State Street Suite 101  
Sycamore, IL 60178  
Number, Street, City, State & ZIP Code

Contact phone (815) 895-2074

Email address bw@wrightandassociateslaw.com

6304330

Bar number & State

**Fill in this information to identify your case:**

|   |   |             |           |
|---|---|-------------|-----------|
| Debtor 1                                | <b>Anthony Theis</b>                            |             |           |
|   | First Name                                      | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | <b>Carol Theis</b>                              |             |           |
|   | First Name                                      | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |             |           |
| Case number<br>(if known)               |   |             |           |

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

|   |    | Your assets<br>Value of what you own |
|---|----|--------------------------------------|
| 1. <b>Schedule A/B: Property</b> (Official Form 106A/B)           |    |                                      |
| 1a. Copy line 55, Total real estate, from Schedule A/B.....       | \$ | <b>130,000.00</b>                    |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ | <b>15,284.10</b>                     |
| 1c. Copy line 63, Total of all property on Schedule A/B.....      | \$ | <b>145,284.10</b>                    |

#### Part 2: Summarize Your Liabilities

|  |    | Your liabilities<br>Amount you owe |
|--|----|------------------------------------|
| 2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)                             |    |                                    |
| 2a. Copy the total you listed in Column A Amount of claim, at the bottom of the last page of Part 1 of Schedule D... | \$ | <b>172,809.00</b>                  |
| 3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)                                   |    |                                    |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....                  | \$ | <b>0.00</b>                        |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....               | \$ | <b>49,216.12</b>                   |
| <b>Your total liabilities</b>  |    | <b>\$ 222,025.12</b>               |

#### Part 3: Summarize Your Income and Expenses

|   |    |                 |
|---|----|-----------------|
| 4. <b>Schedule I: Your Income</b> (Official Form 106I)            |    |                 |
| Copy your combined monthly income from line 12 of Schedule I..... | \$ | <b>4,322.50</b> |
| 5. <b>Schedule J: Your Expenses</b> (Official Form 106J)          |    |                 |
| Copy your monthly expenses from line 22c of Schedule J.....       | \$ | <b>4,278.00</b> |

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.



Debtor 1  
Debtor 2

**Theis, Anthony & Theis, Carol**

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 0.00

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

|  | Total claim     |
|--|-----------------|
| <b>From Part 4 on Schedule E/F, copy the following:</b>  |                 |
| 9a. Domestic support obligations (Copy line 6a.)   | \$ <u>0.00</u>  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ <u>0.00</u>  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$ <u>0.00</u>  |
| 9d. Student loans. (Copy line 6f.)   | \$ <u>0.00</u>  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u>  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ <u>0.00</u> |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$ <u>0.00</u>  |

Fill in this information to identify your case and this filing:

Debtor 1 **Anthony Theis**  
First Name Middle Name Last Name

Debtor 2 **Carol Theis**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

Case number \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106A/B  
**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**14 Beacon Ave**

Street address, if available, or other description

**Romeoville** **IL** **60446-1117**  
City State ZIP Code

**Will**

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$130,000.00**

Current value of the portion you own? **\$130,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$130,000.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1  
Debtor 2

**Theis, Anthony & Theis, Carol**

Case number (if known)

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1 Make: **Chevrolet**  
Model: **Impala**  
Year: **2010**  
Approximate mileage: \_\_\_\_\_  
Other information:

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$6,300.00**

**\$6,300.00**

3.2 Make: **Ford**  
Model: **Ranger**  
Year: **2003**  
Approximate mileage: \_\_\_\_\_  
Other information:

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$5,775.00**

**\$2,887.50**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$9,187.50**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

- ☐ No  
☒ Yes. Describe.....

**Couches, fireplace, king size bed, trundle bed, miscellaneous household goods**

**\$1,100.00**

**7. Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

- ☐ No  
☒ Yes. Describe.....

**TV and computer**

**\$600.00**

**8. Collectibles of value**

*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*

- ☒ No  
☐ Yes. Describe.....

Debtor 1  
Debtor 2

**Theis, Anthony & Theis, Carol**

Case number (if known)

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**mens and womens clothing**

**\$800.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**wedding bands**

**\$400.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

**1 Border Collie**

**\$50.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$2,950.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

**17.1. Checking Account PNC**

**\$224.60**

**17.2. Savings Account PNC**

**\$27.00**

Debtor 1  
Debtor 2

**Theis, Anthony & Theis, Carol**

Case number (if known)

17.3. **Checking Account** Tech Credit Union

**\$6.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☐ No

☒ Yes.....

Institution or issuer name:

**Tellabs Industries 3 shares.  
Gets .01 every three months**

**\$0.00**

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

**Pension Plan**

Institution name:

**705 IBT**

**unknown**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Debtor 1  
Debtor 2

**Theis, Anthony & Theis, Carol**

Case number (if known)

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Anderson Memorial Home

heir

\$813.00

Anderson Memorial Home

heir

\$2,016.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$3,086.60**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Debtor 1  
Debtor 2

**Theis, Anthony & Theis, Carol**

Case number (if known)

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☐ No  
☒ Yes. Give specific information.....

**lawnmower, shovels, rakes**

**\$60.00**

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$60.00**

**Part 8: List the Totals of Each Part of this Form**

|  |                         |   |
|--|-------------------------|---|
| 55. Part 1: Total real estate, line 2 .....                      |                         | <b>\$130,000.00</b>                             |
| 56. Part 2: Total vehicles, line 5                               | <b>\$9,187.50</b>       |   |
| 57. Part 3: Total personal and household items, line 15          | <b>\$2,950.00</b>       |   |
| 58. Part 4: Total financial assets, line 36                      | <b>\$3,086.60</b>       |   |
| 59. Part 5: Total business-related property, line 45             | <b>\$0.00</b>           |   |
| 60. Part 6: Total farm- and fishing-related property, line 52    | <b>\$0.00</b>           |   |
| 61. Part 7: Total other property not listed, line 54             | <b>+</b> <b>\$60.00</b> |   |
| 62. Total personal property. Add lines 56 through 61...          | <b>\$15,284.10</b>      | Copy personal property total <b>\$15,284.10</b> |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 |                         | <b>\$145,284.10</b>                             |

## Fill in this information to identify your case:

|   |   |             |           |
|---|---|-------------|-----------|
| Debtor 1                                | <b>Anthony Theis</b>                            |             |           |
|   | First Name                                      | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |   |             |           |
|   | First Name                                      | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |             |           |
| Case number<br>(if known)               |   |             |           |

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property                         | Current value of the portion you own<br>Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim<br>Check only one box for each exemption.   | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| <b>Debtor 1 Exemptions</b>   |   |   |                                    |
| 14 Beacon Ave<br>Romeoville IL, 60446-1117<br>County : Will<br>Line from <i>Schedule A/B</i> 1.1                   | \$130,000.00  | <input checked="" type="checkbox"/> \$30,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901                  |
| Ford Ranger<br>2003<br>Line from <i>Schedule A/B</i> 3.2   | \$2,887.50  | <input checked="" type="checkbox"/> \$4,800.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(c)              |
| Ford Ranger<br>2003<br>Line from <i>Schedule A/B</i> 3.2   | \$2,887.50  | <input checked="" type="checkbox"/> \$975.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |
| Couches, fireplace, king size bed, trundle bed, miscellaneous household goods<br>Line from <i>Schedule A/B</i> 6.1 | \$1,100.00  | <input checked="" type="checkbox"/> \$1,100.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| TV and computer<br>Line from <i>Schedule A/B</i> 7.1   | \$600.00  | <input checked="" type="checkbox"/> \$600.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |



| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own<br><small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small>  | Specific laws that allow exemption |
|---|---|---|------------------------------------|
| <b>mens and womens clothing</b><br>Line from Schedule A/B: 11.1                     | <u>\$800.00</u>   | <input checked="" type="checkbox"/> <u>\$800.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             | 735 ILCS 5/12-1001(a)              |
| <b>wedding bands</b><br>Line from Schedule A/B: 12.1                                | <u>\$400.00</u>   | <input checked="" type="checkbox"/> <u>\$400.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             | 735 ILCS 5/12-1001(b)              |
| <b>1 Border Collie</b><br>Line from Schedule A/B: 13.1                              | <u>\$50.00</u>  | <input checked="" type="checkbox"/> <u>\$50.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit              | 735 ILCS 5/12-1001(b)              |
| <b>PNC</b><br>Line from Schedule A/B: 17.1  | <u>\$224.60</u>   | <input checked="" type="checkbox"/> <u>\$224.60</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             | 735 ILCS 5/12-1001(b)              |
| <b>PNC</b><br>Line from Schedule A/B: 17.2  | <u>\$27.00</u>  | <input checked="" type="checkbox"/> <u>\$27.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit              | 735 ILCS 5/12-1001(b)              |
| <b>Tech Credit Union</b><br>Line from Schedule A/B: 17.3                            | <u>\$6.00</u>   | <input checked="" type="checkbox"/> <u>\$6.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit               | 735 ILCS 5/12-1001(b)              |
| <b>705 IBT</b><br>Line from Schedule A/B: 21.1                                      | <u>Unknown</u>  | <input type="checkbox"/> <u>                    </u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006                 |
| <b>Anderson Memorial Home</b><br>Line from Schedule A/B: 31.1                       | <u>\$813.00</u>   | <input checked="" type="checkbox"/> <u>\$813.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             | 735 ILCS 5/12-1001(b)              |
| <b>Anderson Memorial Home</b><br>Line from Schedule A/B: 31.2                       | <u>\$2,016.00</u>   | <input checked="" type="checkbox"/> <u>\$2,016.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | 735 ILCS 5/12-1001(b)              |
| <b>lawnmower, shovels, rakes</b><br>Line from Schedule A/B: 53.1                    | <u>\$60.00</u>  | <input checked="" type="checkbox"/> <u>\$60.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit              | 735 ILCS 5/12-1001(b)              |

3. **Are you claiming a homestead exemption of more than \$160,375?**  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

|   |   |             |           |
|---|---|-------------|-----------|
| Debtor 1                                | First Name                                      | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | <b>Carol Theis</b>                              |             |           |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |             |           |
| Case number<br>(if known)               |   |             |           |

☐ Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own    | Amount of the exemption you claim      | Specific laws that allow exemption |
|--|---|--|------------------------------------|
|  | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption. |                                    |

#### Debtor 2 Exemptions

Brief description:  
Line from *Schedule A/B* \_\_\_\_\_ ☐ \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

|   |   |             |           |
|---|---|-------------|-----------|
| Debtor 1                                | <b>Anthony Theis</b>                            |             |           |
|   | First Name                                      | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | <b>Carol Theis</b>                              |             |           |
|   | First Name                                      | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |             |           |
| Case number<br>(if known)               |   |             |           |

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

**2.1 Carmax Auto Finance**

Creditor's Name

**PO Box 440609  
Kennesaw, GA  
30160-9511**

Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

**2003 Ford Ranger**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Car Loan**

*Column A*

**Amount of claim**  
Do not deduct the value of collateral.

**\$2,685.00**

*Column B*

**Value of collateral that supports this claim**

**\$5,775.00**

*Column C*

**Unsecured portion if any**

**\$0.00**

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **10/01/2011**

Last 4 digits of account number **2624**

**2.2 Tech Credit Union**

Creditor's Name

**10951 Broadway  
Crown Point, IN  
46307-7312**

Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

**Installment account 2010 Chevrolet Impala**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Installment Loan**

**\$8,210.00**

**\$6,300.00**

**\$1,910.00**

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **03/01/2014**

Last 4 digits of account number **0121**

Debtor 1 **Anthony Theis** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name  
Debtor 2 **Carol Theis**  
First Name Middle Name Last Name

|  |  |  |
|--|--|--|
| <b>2.3 Wells Fargo Home Mtg</b><br>Creditor's Name<br><b>Written Correspondence<br/>Resolutions MAC#X<br/>PO Box 10335<br/>Des Moines, IA<br/>50306-0335</b><br>Number, Street, City, State & Zip Code   | Describe the property that secures the claim:<br><div style="border: 1px solid black; padding: 2px;"><b>14 Beacon Ave, Romeoville, IL<br/>60446-1117</b></div> <b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Nature of lien.</b> Check all that apply.<br><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input checked="" type="checkbox"/> Other (including a right to offset) | <b>\$161,914.00</b> <b>\$130,000.00</b> <b>\$31,914.00</b> |
| <b>Who owes the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt |  |  |
| <b>Date debt was incurred</b> <u>07/01/2012</u> <b>Last 4 digits of account number</b> <u>2308</u>   |  |  |

|  |                     |
|--|---------------------|
| Add the dollar value of your entries in Column A on this page. Write that number here:                     | <b>\$172,809.00</b> |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | <b>\$172,809.00</b> |

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|  |   |
|--|---|
| <input type="checkbox"/> Name, Number, Street, City, State & Zip Code<br><b>Carmax Auto Finance<br/>2040 Thalbro St<br/>Richmond, VA 23230-3200</b>    | On which line in Part 1 did you enter the creditor? <u>2.1</u><br>Last 4 digits of account number <u>2624</u> |
| <input type="checkbox"/> Name, Number, Street, City, State & Zip Code<br><b>Tech Credit Union<br/>10951 Broadway<br/>Crown Point, IN 46307-7312</b>    | On which line in Part 1 did you enter the creditor? <u>2.2</u><br>Last 4 digits of account number <u>0121</u> |
| <input type="checkbox"/> Name, Number, Street, City, State & Zip Code<br><b>Wells Fargo Hm Mortgage<br/>PO Box 10335<br/>Des Moines, IA 50306-0335</b> | On which line in Part 1 did you enter the creditor? <u>2.3</u><br>Last 4 digits of account number <u>2308</u> |

**Fill in this information to identify your case:**

|   |   |             |           |
|---|---|-------------|-----------|
| Debtor 1                                | <b>Anthony Theis</b>                            |             |           |
|   | First Name                                      | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | <b>Carol Theis</b>                              |             |           |
|   | First Name                                      | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |             |           |
| Case number<br>(if known)               |   |             |           |

☐ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|     |   | Total claim   |                   |
|-----|---|---|-------------------|
| 4.1 | <b>Advocate Good Samaritan Hospital</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 4257</b><br><b>Carol Stream, IL 60197-4257</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>6715</b><br><br>When was the debt incurred? <b>03/29/2016</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Medical</b> | <b>\$4,172.70</b> |

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known) \_\_\_\_\_

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| 4.2 | <b>Advocate Health Care</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 4257</b><br><b>Carol Stream, IL 60197-4257</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>unts</u><br><b>When was the debt incurred?</b> <u>03/25/2016</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | <b>\$48.28</b> |
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| 4.3 | <b>Advocate Medical Group</b><br>Nonpriority Creditor's Name<br><br><b>3825 Highland Ave # 400</b><br><b>Downers Grove, IL 60515-1562</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>4287</u><br><b>When was the debt incurred?</b> <u>06/24/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | <b>\$148.50</b> |
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| 4.4 | <b>Caine &amp; Weiner</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 5010</b><br><b>Woodland Hills, CA 91365-5010</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>5546</u><br><b>When was the debt incurred?</b> _____<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ | <b>\$237.08</b> |
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Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if know)

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| 4.5 | <b>Citibank/Best Buy</b><br>Nonpriority Creditor's Name<br><b>Centralized Bankruptcy/CitiCorp Credit S</b><br><b>PO Box 790040</b><br><b>Saint Louis, MO 63179-0040</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>4960</b><br>When was the debt incurred? <b>03/01/2014</b><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> | <b>\$4,788.00</b> |
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| 4.6 | <b>Citibank/the Home Depot</b><br>Nonpriority Creditor's Name<br><b>Citicorp Credit Svcs/Centralized Bankrup</b><br><b>PO Box 790040</b><br><b>Saint Louis, MO 63179-0040</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>9854</b><br>When was the debt incurred? <b>07/01/2013</b><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> | <b>\$3,282.00</b> |
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| 4.7 | <b>Comenity Bank/Value City Furniture</b><br>Nonpriority Creditor's Name<br><b>PO Box 182125</b><br><b>Columbus, OH 43218-2125</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>unts</b><br>When was the debt incurred? <b>03/01/2013</b><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> | <b>\$1,217.00</b> |
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Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

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| 4.8 | <b>Comenitybank/meijer</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 182125</b><br><b>Columbus, OH 43218-2125</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>9523</u><br><br><b>When was the debt incurred?</b> <u>08/01/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | <b>\$1,060.00</b> |
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| 4.9 | <b>Discover Financial</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 3025</b><br><b>New Albany, OH 43054-3025</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>7906</u><br><br><b>When was the debt incurred?</b> <u>01/01/2013</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | <b>\$3,843.00</b> |
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| 4.10 | <b>DuPage Medical Group</b><br>Nonpriority Creditor's Name<br><b>Dr. Dalip Pelinkovic</b><br><b>1259 Rickert Dr Ste 101</b><br><b>Naperville, IL 60540-8904</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>5691</u><br><br><b>When was the debt incurred?</b> <u>11/16/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical collection</u> | <b>\$98.40</b> |
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Debtor 1  
Debtor 2**Theis, Anthony & Theis, Carol**

Case number (if known)

4.11

**DuPage Medical Group**

Nonpriority Creditor's Name

Last 4 digits of account number **5691****\$1,597.43****15921 Collection Center Dr  
Chicago, IL 60693-0159**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred? **05/11/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical**

4.12

**Dupage Valley Anes Ltd**

Nonpriority Creditor's Name

Last 4 digits of account number **4244****\$150.00****801 S Washington St  
Naperville, IL 60540-7430**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred? **02/01/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical**

4.13

**Edward Ambulance Services**

Nonpriority Creditor's Name

Last 4 digits of account number **2488****\$47.46****PO Box 713881  
Cincinnati, OH 45271-3881**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred? **02/02/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical collection**

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known) \_\_\_\_\_

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|------|--|--|-----------------|
| 4.14 | <b>Edward Hospital</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 4207</b><br><b>Carol Stream, IL 60197-4207</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>2480</b><br><br>When was the debt incurred? <b>07/18/2015</b><br><br>As of the date you file, the claim is: Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Medical collection</b> | <b>\$221.35</b> |
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| 4.15 | <b>Edward Hospital</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 4207</b><br><b>Carol Stream, IL 60197-4207</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>5781</b><br><br>When was the debt incurred? <b>09/11/2015</b><br><br>As of the date you file, the claim is: Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Medical</b> | <b>\$1,155.00</b> |
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| 4.16 | <b>Edward Hospital</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 140250</b><br><b>Toledo, OH 43614-0250</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>5781</b><br><br>When was the debt incurred? <b>07/18/2015</b><br><br>As of the date you file, the claim is: Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Medical</b> | <b>\$1,260.00</b> |
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Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if know)

4.17

**IICRDP-Integrated Imaging Consultants PL**

Nonpriority Creditor's Name

**PO Box 95040  
Chicago, IL 60694-5040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8688**

**\$9.39**

When was the debt incurred? **03/02/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.18

**Kohls/Capital One**

Nonpriority Creditor's Name

**PO Box 3120  
Milwaukee, WI 53201-3120**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7623**

**\$2,779.00**

When was the debt incurred? **08/01/2009**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.19

**Naperville Radiologists S.C.**

Nonpriority Creditor's Name

**6910 S Madison St  
Willowbrook, IL 60527-5504**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0549**

**\$18.77**

When was the debt incurred? **07/18/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

|      |   |   |                 |
|------|---|---|-----------------|
| 4.20 | <b>Prime Care of Naperville</b><br>Nonpriority Creditor's Name<br><br><b>931 W 75th St Ste 127</b><br><b>Naperville, IL 60565-7201</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>7139</b><br>When was the debt incurred? <b>09/03/2015</b><br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Medical</b> | <b>\$122.18</b> |
|------|---|---|-----------------|

|      |  |   |                   |
|------|--|---|-------------------|
| 4.21 | <b>Synchrony Bank</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 103104</b><br><b>Roswell, GA 30076-9104</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>4739</b><br>When was the debt incurred? <b>02/01/2014</b><br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> | <b>\$1,684.00</b> |
|------|--|---|-------------------|

|      |   |   |                   |
|------|---|---|-------------------|
| 4.22 | <b>Synchrony Bank/Care Credit</b><br>Nonpriority Creditor's Name<br><b>Attn: bankruptcy</b><br><b>PO Box 103104</b><br><b>Roswell, GA 30076-9104</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>5530</b><br>When was the debt incurred? <b>01/01/2014</b><br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> | <b>\$3,096.00</b> |
|------|---|---|-------------------|

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

|      |   |   |                   |
|------|---|---|-------------------|
| 4.23 | <b>Synchrony Bank/Walmart</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 103104</b><br><b>Roswell, GA 30076-9104</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>1902</u><br><b>When was the debt incurred?</b> <u>09/01/2009</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | <b>\$5,273.00</b> |
|------|---|---|-------------------|

|      |   |   |                   |
|------|---|---|-------------------|
| 4.24 | <b>Synchrony Bank/Walmart</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 103104</b><br><b>Roswell, GA 30076-9104</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>5648</u><br><b>When was the debt incurred?</b> <u>01/01/2013</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | <b>\$5,003.00</b> |
|------|---|---|-------------------|

|      |   |   |                 |
|------|---|---|-----------------|
| 4.25 | <b>Wells Fargo</b><br>Nonpriority Creditor's Name<br><br><b>7000 Vista Dr</b><br><b>West Des Moines, IA 50266-9310</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>2939</u><br><b>When was the debt incurred?</b> <u>01/01/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | <b>\$933.00</b> |
|------|---|---|-----------------|

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if know) \_\_\_\_\_

|      |  |   |                   |
|------|--|---|-------------------|
| 4.26 | <b>Wells Fargo Card Services</b><br>Nonpriority Creditor's Name<br><br><b>PO Box 51193</b><br><b>Los Angeles, CA 90051-5493</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>8990</u><br><b>When was the debt incurred?</b> <u>01/15/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | <b>\$3,809.00</b> |
|------|--|---|-------------------|

|      |   |   |                   |
|------|---|---|-------------------|
| 4.27 | <b>Wells Fargo Home Projects Visa</b><br>Nonpriority Creditor's Name<br><b>Written Correspondence</b><br><b>Resolutions MAC#X</b><br><b>PO Box 10335</b><br><b>Des Moines, IA 50306-0335</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>0436</u><br><b>When was the debt incurred?</b> <u>10/01/2012</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ | <b>\$3,036.00</b> |
|------|---|---|-------------------|

|      |   |   |                 |
|------|---|---|-----------------|
| 4.28 | <b>West Suburban Urology, S.C.</b><br>Nonpriority Creditor's Name<br><br><b>3825 Highland Ave Ste 207</b><br><b>Downers Grove, IL 60515-1561</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>8142</u><br><b>When was the debt incurred?</b> <u>03/06/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | <b>\$126.58</b> |
|------|---|---|-----------------|

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**Americollect, Inc.**  
**PO Box 1690**  
**Manitowoc, WI 54221-1690**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.13** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2488**

Name and Address  
**Citi**  
**PO Box 6241**  
**Sioux Falls, SD 57117-6241**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.5** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4960**

Name and Address  
**Comenity Bank/Valctyfr**  
**PO Box 182789**  
**Columbus, OH 43218-2789**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.7** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **unts**

Name and Address  
**Comenitybank/meijer**  
**PO Box 182789**  
**Columbus, OH 43218-2789**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.8** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **9523**

Name and Address  
**Discover Fin Svcs LLC**  
**PO Box 15316**  
**Wilmington, DE 19850-5316**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.9** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7906**

Name and Address  
**Encore Receivable management, Inc.**  
**400 N Rogers Rd**  
**Olathe, KS 66062-1212**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.21** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4739**

Name and Address  
**Homeprjvisa**  
**PO Box 94498**  
**Las Vegas, NV 89193-4498**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.27** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0436**

Name and Address  
**Illinois Collection Service Inc.**  
**PO Box 1010**  
**Tinley Park, IL 60477-9110**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.3** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4287**

Name and Address  
**Kohls/capone**  
**N56 W 17000 Ridgewood Dr**  
**Menomonee Falls, WI 53051**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.18** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7623**

Name and Address  
**Mbb**  
**1460 Renaissance Dr**  
**Park Ridge, IL 60068-1331**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.12** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4244**

Name and Address  
**Merchants' Credit Guide Co.**  
**223 W Jackson Blvd # 700**  
**Chicago, IL 60606-6914**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.10** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

Last 4 digits of account number **5691**

Name and Address  
**ReadyRefresh by Nestle**  
**PO Box 856680**  
**Louisville, KY 40285-6680**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.4** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5546**

Name and Address  
**Syncb/Care Credit**  
**950 Forrer Blvd**  
**Kettering, OH 45420-1469**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.22** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5530**

Name and Address  
**Syncb/Value City Furni**  
**C/o**  
**PO Box 965036**  
**Orlando, FL 32896-5036**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.21** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4739**

Name and Address  
**Syncb/Walmart**  
**PO Box 965024**  
**Orlando, FL 32896-5024**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.23** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1902**

Name and Address  
**Syncb/Walmart DC**  
**PO Box 965024**  
**Orlando, FL 32896-5024**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.24** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5648**

Name and Address  
**Thd/Cbna**  
**PO Box 6497**  
**Sioux Falls, SD 57117-6497**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.6** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **9854**

Name and Address  
**Value City Furniture**  
**PO Box 960061**  
**Orlando, FL 32896-0061**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.21** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4739**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |   | Total Claim |                  |
|--------------------------|---|-------------|------------------|
| Total claims from Part 1 | 6a. Domestic support obligations  | 6a. \$      | <b>0.00</b>      |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b. \$      | <b>0.00</b>      |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c. \$      | <b>0.00</b>      |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. \$      | <b>0.00</b>      |
|                          | 6e. Total Priority. Add lines 6a through 6d.  | 6e. \$      | <b>0.00</b>      |
|                          |   | Total Claim |                  |
| Total claims from Part 2 | 6f. Student loans   | 6f. \$      | <b>0.00</b>      |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$      | <b>0.00</b>      |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$      | <b>0.00</b>      |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. \$      | <b>49,216.12</b> |



Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if know) \_\_\_\_\_

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j.

\$ **49,216.12**

Fill in this information to identify your case:

|   |   |             |           |
|---|---|-------------|-----------|
| Debtor 1                                | <b>Anthony Theis</b>                            |             |           |
|   | First Name                                      | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | <b>Carol Theis</b>                              |             |           |
|   | First Name                                      | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |             |           |
| Case number<br>(if known)               |   |             |           |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1<br>Name<br>Number Street<br>City State ZIP Code  |   |
| 2.2<br>Name<br>Number Street<br>City State ZIP Code  |   |
| 2.3<br>Name<br>Number Street<br>City State ZIP Code  |   |
| 2.4<br>Name<br>Number Street<br>City State ZIP Code  |   |
| 2.5<br>Name<br>Number Street<br>City State ZIP Code  |   |

Fill in this information to identify your case:

|   |   |             |           |
|---|---|-------------|-----------|
| Debtor 1                                | <b>Anthony Theis</b>                            |             |           |
|   | First Name                                      | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | <b>Carol Theis</b>                              |             |           |
|   | First Name                                      | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |             |           |
| Case number<br>(if known)               |   |             |           |

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor  
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt  
Check all schedules that apply:

3.1 **Daniel Stathos**  
**5340 Osage**  
**Joliet, IL 60432**

- ☒ Schedule D, line 2.1  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Carmax Auto Finance**

Fill in this information to identify your case:

Debtor 1 Anthony Theis

Debtor 2 Carol Theis  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

**Occupation**

**Employer's name**

**Employer's address**

**How long employed there?**

**Debtor 1**

- ☐ Employed
- ☒ Not employed

**Debtor 2 or non-filing spouse**

- ☐ Employed
- ☒ Not employed

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|   | For Debtor 1       | For Debtor 2 or non-filing spouse |
|---|--------------------|-----------------------------------|
| 2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>0.00</u>  | \$ <u>0.00</u>                    |
| 3. <b>Estimate and list monthly overtime pay.</b>   | 3. +\$ <u>0.00</u> | +\$ <u>0.00</u>                   |
| 4. <b>Calculate gross income.</b> Add line 2 + line 3.  | 4. \$ <u>0.00</u>  | \$ <u>0.00</u>                    |

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

|  | For Debtor 1                              | For Debtor 2 or non-filing spouse |
|--|---|-----------------------------------|
| Copy line 4 here   | 4. \$ <b>0.00</b>                         | \$ <b>0.00</b>                    |
| <b>5. List all payroll deductions:</b>   |   |                                   |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 5c. Voluntary contributions for retirement plans   | 5c. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 5d. Required repayments of retirement fund loans   | 5d. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 5e. Insurance  | 5e. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 5f. Domestic support obligations   | 5f. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 5g. Union dues   | 5g. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 5h. Other deductions. Specify:   | 5h.+ \$ <b>0.00</b>                       | + \$ <b>0.00</b>                  |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6. \$ <b>0.00</b>                         | \$ <b>0.00</b>                    |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7. \$ <b>0.00</b>                         | \$ <b>0.00</b>                    |
| <b>8. List all other income regularly received:</b>  |   |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 8b. Interest and dividends   | 8b. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 8d. Unemployment compensation  | 8d. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 8e. Social Security  | 8e. \$ <b>1,384.50</b>                    | \$ <b>760.50</b>                  |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify:   | 8f. \$ <b>0.00</b>                        | \$ <b>0.00</b>                    |
| 8g. Pension or retirement income   | 8g. \$ <b>2,112.50</b>                    | \$ <b>65.00</b>                   |
| 8h. Other monthly income. Specify:   | 8h.+ \$ <b>0.00</b>                       | + \$ <b>0.00</b>                  |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9. \$ <b>3,497.00</b>                     | \$ <b>825.50</b>                  |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ <b>3,497.00</b> + \$ <b>825.50</b> | = \$ <b>4,322.50</b>              |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: |   |                                   |
|  | 11. +\$ <b>0.00</b>                       |                                   |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies   | 12. \$ <b>4,322.50</b>                    | <b>Combined monthly income</b>    |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |   |                                   |
| <input checked="" type="checkbox"/> No.  |   |                                   |
| <input type="checkbox"/> Yes. Explain:   |   |                                   |

Fill in this information to identify your case:

Debtor 1 Anthony Theis

Debtor 2 Carol Theis  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS,  
EASTERN DIVISION

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,210.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

|  |  |
|--|--|
| 6. <b>Utilities:</b>   |  |
| 6a. Electricity, heat, natural gas   | 6a. \$ <u>350.00</u>   |
| 6b. Water, sewer, garbage collection   | 6b. \$ <u>100.00</u>   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$ <u>288.00</u>   |
| 6d. Other. Specify: _____  | 6d. \$ <u>0.00</u>   |
| 7. <b>Food and housekeeping supplies</b>   | 7. \$ <u>500.00</u>  |
| 8. <b>Childcare and children's education costs</b>   | 8. \$ <u>0.00</u>  |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9. \$ <u>50.00</u>   |
| 10. <b>Personal care products and services</b>   | 10. \$ <u>75.00</u>  |
| 11. <b>Medical and dental expenses</b>   | 11. \$ <u>434.00</u>   |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$ <u>150.00</u>   |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$ <u>50.00</u>  |
| 14. <b>Charitable contributions and religious donations</b>  | 14. \$ <u>65.00</u>  |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |  |
| 15a. Life insurance  | 15a. \$ <u>126.00</u>  |
| 15b. Health insurance  | 15b. \$ <u>263.00</u>  |
| 15c. Vehicle insurance   | 15c. \$ <u>127.00</u>  |
| 15d. Other insurance. Specify: _____   | 15d. \$ <u>0.00</u>  |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16. \$ <u>0.00</u>   |
| 17. <b>Installment or lease payments:</b>  |  |
| 17a. Car payments for Vehicle 1  | 17a. \$ <u>240.00</u>  |
| 17b. Car payments for Vehicle 2  | 17b. \$ <u>0.00</u>  |
| 17c. Other. Specify: _____   | 17c. \$ <u>0.00</u>  |
| 17d. Other. Specify: _____   | 17d. \$ <u>0.00</u>  |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>   | 18. \$ <u>0.00</u>   |
| 19. <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | \$ <u>0.00</u>   |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |  |
| 20a. Mortgages on other property   | 20a. \$ <u>0.00</u>  |
| 20b. Real estate taxes   | 20b. \$ <u>0.00</u>  |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$ <u>0.00</u>  |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$ <u>0.00</u>  |
| 20e. Homeowner's association or condominium dues   | 20e. \$ <u>0.00</u>  |
| 21. <b>Other:</b> Specify: <u>Pet expenses</u>   | 21. +\$ <u>150.00</u>  |
| 22. <b>Calculate your monthly expenses</b>   |  |
| 22a. Add lines 4 through 21.   | \$ <u>4,278.00</u>   |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | \$ _____   |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  | \$ <u>4,278.00</u>   |
| 23. <b>Calculate your monthly net income.</b>  |  |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a. \$ <u>4,322.50</u>  |
| 23b. Copy your monthly expenses from line 22c above.   | 23b. -\$ <u>4,278.00</u>   |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> .  | 23c. \$ <u>44.50</u>   |
| 24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b><br>For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |  |
| <input type="checkbox"/> No.   |  |
| <input checked="" type="checkbox"/> Yes.   | Explain here: <u>House payment will start to go up in November of 2016</u> |

**Fill in this information to identify your case:**

Debtor 1 Anthony Theis  
First Name Middle Name Last Name

Debtor 2 Carol Theis  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x

Anthony Theis  
Anthony Theis  
Signature of Debtor 1

Date September 8, 2016

x

Carol Theis  
Carol Theis  
Signature of Debtor 2

Date September 8, 2016



**Fill in this information to identify your case:**

Debtor 1 **Anthony Theis**  
First Name Middle Name Last Name

Debtor 2 **Carol Theis**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:**

**Dates Debtor 1 lived there**

**Debtor 2 Prior Address:**

**Dates Debtor 2 lived there**

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No  
☐ Yes. Fill in the details.

**Debtor 1**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

**Debtor 2**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

|  | <b>Debtor 1<br/>Sources of income<br/>Describe below.</b> | <b>Gross income from<br/>each source<br/>(before deductions and<br/>exclusions)</b> | <b>Debtor 2<br/>Sources of income<br/>Describe below.</b> | <b>Gross income<br/>(before deductions<br/>and exclusions)</b> |
|--|---|---|---|--|
| <b>For last calendar year:<br/>(January 1 to December 31, 2015)</b>            | <b>Social Security and Pension</b>                        | <b>\$45,568.80</b>  | <b>Social Security and Pension</b>                        | <b>\$11,411.76</b>   |
| <b>For the calendar year before that:<br/>(January 1 to December 31, 2014)</b> | <b>Debtor 1 Teamsters Pension and Local 705 Union</b>     | <b>\$28,231.00</b>  | <b>Debtor 2 Pension</b>                                   | <b>\$0.00</b>  |

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.

- ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| <b>Creditor's Name and Address</b> | <b>Dates of payment</b> | <b>Total amount paid</b> | <b>Amount you still owe</b> | <b>Was this payment for ...</b>  |
|------------------------------------|-------------------------|--------------------------|-----------------------------|--|
| <b>Wells Fargo</b>                 |                         | <b>\$3,630.00</b>        | <b>\$161,914.00</b>         | <input checked="" type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other__ |
| <b>Tech Credit Union</b>           |                         | <b>\$720.00</b>          | <b>\$8,210.00</b>           | <input type="checkbox"/> Mortgage<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other__ |

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (# known)

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☐ No  
☐ Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☐ No  
☐ Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|--|
|----------------------------|------------------|-------------------|----------------------|--|

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☐ Yes. Fill in the details.

| Case title<br>Case number | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|-----------------|--------------------|
|---------------------------|--------------------|-----------------|--------------------|

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☐ Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property<br>Explain what happened | Date | Value of the property |
|---------------------------|--|------|-----------------------|
|---------------------------|--|------|-----------------------|

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☐ No  
☐ Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☐ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☐ No  
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address:          |                    |                          |       |

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600       | Describe what you contributed | Dates you contributed | Value |
|--|-------------------------------|-----------------------|-------|
| Charity's Name<br>Address (Number, Street, City, State and ZIP Code) |                               |                       |       |

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss  | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. |                   |                        |

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

| Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Brian Wright & Associates, P.C.<br>437 West State Street Suite 101<br>Sycamore, IL 60178              | 0.00  |                                   | \$1,500.00        |

|                        |       |        |         |
|------------------------|-------|--------|---------|
| Access Counseling, Inc | 14.95 | 9/7/16 | \$14.95 |
| Website                |       |        |         |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

| Person Who Was Paid<br>Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
|                                |   |                                   |                   |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

| Person Who Received Transfer<br>Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
|   |   |  |                        |

Person's relationship to you

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

**beneficiary?** (These are often called *asset-protection devices*.)

- ☐ No  
☐ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|------------------------|
|---------------|---|------------------------|

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☐ Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No  
☐ Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
|--|---|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No  
☐ Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☐ Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|---|---|-----------------------|-------|
|---|---|-----------------------|-------|

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you<br>know it | Date of notice |
|--|---|--------------------------------------|----------------|
|--|---|--------------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you<br>know it | Date of notice |
|--|---|--------------------------------------|----------------|
|--|---|--------------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

| Case Title<br>Case Number | Court or agency<br>Name<br>Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|
|---------------------------|---|--------------------|--------------------|

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

| Business Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Describe the nature of the business<br>Name of accountant or bookkeeper | Employer Identification number<br>Do not include Social Security number or ITIN.<br>Dates business existed |
|--|---|--|
|--|---|--|

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

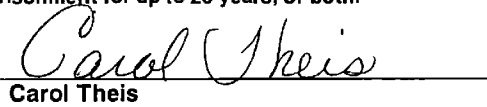
- ☒ No  
☐ Yes. Fill in the details below.

| Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Date Issued |
|---|-------------|
|---|-------------|

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Anthony Theis  
Signature of Debtor 1

  
Carol Theis  
Signature of Debtor 2

Date September 8, 2016

Date September 8, 2016

Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known) \_\_\_\_\_

**Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

☒ No

☐ Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

| Fill in this information to identify your case: |   |             |           |
|---|---|-------------|-----------|
| Debtor 1  | <b>Anthony Theis</b>                            |             |           |
|   | First Name                                      | Middle Name | Last Name |
| Debtor 2  | <b>Carol Theis</b>                              |             |           |
| (Spouse if, filing)                             | First Name                                      | Middle Name | Last Name |
| United States Bankruptcy Court for the:         | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |             |           |
| Case number<br>(if known)                       |   |             |           |

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral                | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C? |
|--|---|---|
| Creditor's name: <b>Carmax Auto Finance</b>                              | <input type="checkbox"/> Surrender the property.  | <input type="checkbox"/> No                         |
| Description of property: <b>2003 Ford Ranger</b>                         | <input type="checkbox"/> Retain the property and redeem it.   | <input checked="" type="checkbox"/> Yes             |
| securing debt:   | <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . |   |
|  | <input type="checkbox"/> Retain the property and [explain]:   |   |
| Creditor's name: <b>Tech Credit Union</b>                                | <input type="checkbox"/> Surrender the property.  | <input type="checkbox"/> No                         |
| Description of property: <b>2010 Chevrolet Impala</b>                    | <input type="checkbox"/> Retain the property and redeem it.   | <input checked="" type="checkbox"/> Yes             |
| securing debt:   | <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . |   |
|  | <input type="checkbox"/> Retain the property and [explain]:   |   |
| Creditor's name: <b>Wells Fargo Home Mtg</b>                             | <input type="checkbox"/> Surrender the property.  | <input type="checkbox"/> No                         |
| Description of property: <b>14 Beacon Ave, Romeoville, IL 60446-1117</b> | <input type="checkbox"/> Retain the property and redeem it.   | <input checked="" type="checkbox"/> Yes             |
|  | <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . |   |
|  | <input type="checkbox"/> Retain the property and [explain]:   |   |



Debtor 1  
Debtor 2 **Theis, Anthony & Theis, Carol**

Case number (if known)

securing debt:

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

Description of leased  
Property:

☐ No

☐ Yes

Lessor's name:

Description of leased  
Property:

☐ No

☐ Yes

Lessor's name:

Description of leased  
Property:

☐ No

☐ Yes

Lessor's name:

Description of leased  
Property:

☐ No

☐ Yes

Lessor's name:

Description of leased  
Property:

☐ No

☐ Yes

Lessor's name:

Description of leased  
Property:

☐ No

☐ Yes

Lessor's name:

Description of leased  
Property:

☐ No

☐ Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

  
**Anthony Theis**

Signature of Debtor 1

X

  
**Carol Theis**

Signature of Debtor 2

Date **September 8, 2016**

Date **September 8, 2016**

United States Bankruptcy Court  
Northern District of Illinois, Eastern Division

IN RE:

Case No. \_\_\_\_\_

Theis, Anthony & Theis, Carol

Chapter 7

Debtor(s)

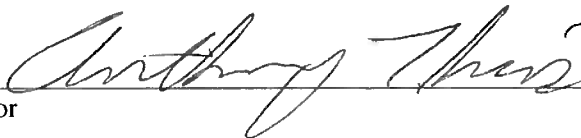
VERIFICATION OF CREDITOR MATRIX

Number of Creditors 49

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 8, 2016

Debtor



Joint Debtor

Advocate Good Samaritan Hospital  
PO Box 4257  
Carol Stream, IL 60197-4257

Advocate Health Care  
PO Box 4257  
Carol Stream, IL 60197-4257

Advocate Medical Group  
3825 Highland Ave # 400  
Downers Grove, IL 60515-1562

Americollect, Inc.  
PO Box 1690  
Manitowoc, WI 54221-1690

Caine & Weiner  
PO Box 5010  
Woodland Hills, CA 91365-5010

Carmax Auto Finance  
PO Box 440609  
Kennesaw, GA 30160-9511

Carmax Auto Finance  
2040 Thalbro St  
Richmond, VA 23230-3200

Citi  
PO Box 6241  
Sioux Falls, SD 57117-6241

Citibank/Best Buy  
Centralized Bankruptcy/CitiCorp Credit S  
PO Box 790040  
Saint Louis, MO 63179-0040

Citibank/the Home Depot  
Citicorp Credit Srvs/Centralized Bankrup  
PO Box 790040  
Saint Louis, MO 63179-0040

Comenity Bank/Valctyfr  
PO Box 182789  
Columbus, OH 43218-2789

Comenity Bank/Value City Furniture  
PO Box 182125  
Columbus, OH 43218-2125

Comenitybank/meijer  
PO Box 182125  
Columbus, OH 43218-2125

Comenitybank/meijer  
PO Box 182789  
Columbus, OH 43218-2789

Daniel Stathos  
5340 Osage  
Joliet, IL 60432

Discover Fin Svcs LLC  
PO Box 15316  
Wilmington, DE 19850-5316

Discover Financial  
Attn: Bankruptcy  
PO Box 3025  
New Albany, OH 43054-3025

DuPage Medical Group  
Dr. Dalip Pelinkovic  
1259 Rickert Dr Ste 101  
Naperville, IL 60540-8904

DuPage Medical Group  
15921 Collection Center Dr  
Chicago, IL 60693-0159

Dupage Valley Anes Ltd  
801 S Washington St  
Naperville, IL 60540-7430

Edward Ambulance Services  
PO Box 713881  
Cincinnati, OH 45271-3881

Edward Hospital  
PO Box 4207  
Carol Stream, IL 60197-4207

Edward Hospital  
PO Box 140250  
Toledo, OH 43614-0250

Encore Receivable management, Inc.  
400 N Rogers Rd  
Olathe, KS 66062-1212

Homeprjvisa  
PO Box 94498  
Las Vegas, NV 89193-4498

IICRDP-Integrated Imaging Consultants PL  
PO Box 95040  
Chicago, IL 60694-5040

Illinois Collection Service Inc.  
PO Box 1010  
Tinley Park, IL 60477-9110

Kohls/Capital One  
PO Box 3120  
Milwaukee, WI 53201-3120

Kohls/capone  
N56 W 17000 Ridgewood Dr  
Menomonee Falls, WI 53051

Mbb  
1460 Renaissance Dr  
Park Ridge, IL 60068-1331

Merchants' Credit Guide Co.  
223 W Jackson Blvd # 700  
Chicago, IL 60606-6914

Naperville Radiologists S.C.  
6910 S Madison St  
Willowbrook, IL 60527-5504

Prime Care of Naperville  
931 W 75th St Ste 127  
Naperville, IL 60565-7201

ReadyRefresh by Nestle  
PO Box 856680  
Louisville, KY 40285-6680

Syncb/Care Credit  
950 Forrer Blvd  
Kettering, OH 45420-1469

Syncb/Value City Furni  
C/o  
PO Box 965036  
Orlando, FL 32896-5036

Syncb/Walmart  
PO Box 965024  
Orlando, FL 32896-5024

Syncb/Walmart DC  
PO Box 965024  
Orlando, FL 32896-5024

Synchrony Bank  
PO Box 103104  
Roswell, GA 30076-9104

Synchrony Bank/Care Credit  
Attn: bankruptcy  
PO Box 103104  
Roswell, GA 30076-9104

Synchrony Bank/Walmart  
Attn: Bankruptcy  
PO Box 103104  
Roswell, GA 30076-9104

Tech Credit Union  
10951 Broadway  
Crown Point, IN 46307-7312



Thd/Cbna  
PO Box 6497  
Sioux Falls, SD 57117-6497

Value City Furniture  
PO Box 960061  
Orlando, FL 32896-0061

Wells Fargo  
7000 Vista Dr  
West Des Moines, IA 50266-9310

Wells Fargo Card Services  
PO Box 51193  
Los Angeles, CA 90051-5493

Wells Fargo Hm Mortgag  
PO Box 10335  
Des Moines, IA 50306-0335

Wells Fargo Home Mtg  
Written Correspondence Resolutions MAC#X  
PO Box 10335  
Des Moines, IA 50306-0335

Wells Fargo Home Projects Visa  
Written Correspondence Resolutions MAC#X  
PO Box 10335  
Des Moines, IA 50306-0335

West Suburban Urology, S.C.  
3825 Highland Ave Ste 207  
Downers Grove, IL 60515-1561

B201B (Form 201B) (12/09)

United States Bankruptcy Court  
Northern District of Illinois, Eastern Division

IN RE:

Case No. \_\_\_\_\_

Theis, Anthony & Theis, Carol

Chapter 7

Debtor(s)

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

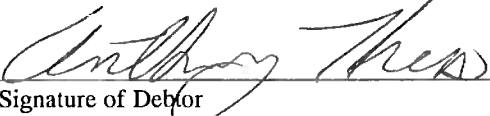
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

X  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

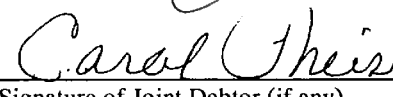
Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Theis, Anthony & Theis, Carol  
Printed Name(s) of Debtor(s)

X  9/08/2016  
Signature of Debtor Date

Case No. (if known) \_\_\_\_\_

X  9/08/2016  
Signature of Joint Debtor (if any) Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.